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CONFIRMATION NO. 4775

SERIAL NUMBER 10/618,287	FILING OR 371(c) DATE 07/11/2003 RULE	CLASS 040	GROUP ART UNIT 3611	ATTORNEY DOCKET NO.
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APPLICANTS
 Cherng Chang, Miamisburg, OH;

**** CONTINUING DATA *******
 This application is a CIP of 09/804,168 03/12/2001 ABN which is a CIP of 09/360,386 07/23/1999 PAT 6,293,038
 which is a CIP of 08/962,095 10/31/1997 ABN
 which is a CIP of 08/929,193 09/08/1997 ABN
 which is a CON of 08/270,008 07/01/1994 ABN
 This application 10/618,287
 claims benefit of 60/397,259 07/19/2002
 and claims benefit of 60/398,857 07/26/2002
 and claims benefit of 60/412,904 09/23/2002
 and claims benefit of 60/444,463 02/03/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 05/06/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 29	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>GC</i>				

ADDRESS
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TITLE
 Three dimensional framed display and frame calendar

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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